#### UNITED STATES BANKRUTPCY COURT NORTHERN DISTRICT OF GEORGIA ATLANTA DIVISION

IN RE: JON DOUGLAS FIANT	)	
MELANIE DIANE FIANT	)	CHAPTER 13
DEBTORS	)	CASE NO. 15-69000
	)	JUDGE MULLINS

#### AMENDMENT TO DEBTORS SCHEDULES I & J

Debtors hereby amend Schedule I, Schedule J, Summary of Schedules, and Statistical Summary of Certain Liabilities, attached hereto, to provide accurate monthly expenses and to support the position that the Debtors case is feasible and in compliance with 11 U.S.C. §1325 (a)(6).

This 8th day of March, 2016.

/s/ BRIAN DEITZ
BRIAN DEITZ
LAW OFFICE OF JEFFREY B. KELLY, P.C. ATTORNEY FOR DEBTOR(S)
GEORGIA BAR NO. 818416

107 E. 5<sup>th</sup> Avenue Rome, GA 30161 (678) 861-1127 (Phone) (706) 413-1365 (Fax) lawoffice@kellycanhelp.com

	this information to identify your								
Debt	or 1 <u>Jon Dougia</u>	as Fiant			-				
Debt (Spou	or 2 Melanie Dia se, if filing)	ane Fiant			-				
Unite	ed States Bankruptcy Court for th	ne: NORTHERN DISTRIC	T OF GEORGIA	<u> </u>	_				
Case	number 15-69000-crm				Ch	eck if this is:			
(If kno	wn)				1	An amended	_		
	-				□	A supplemer	nt showing por s of the follow		chapter
<u>Of</u>	ficial Form B 6l					MM / DD/ YY	YYY		
	hedule I: Your Inc								12/13
spou attac		our spouse is not filing w n. On the top of any additi	ith vou, do not includ	le inforr	nation ab	out your spo	use. If more :	space is n	ieeded,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-filing	spouse	( View
	If you have more than one job,	Employment status	■ Employed			☐ Employed			
	attach a separate page with information about additional	<b>_po</b> ,ooo.	☐ Not employed			Not employed			
	employers.	Occupation	carpentry						
	Include part-time, seasonal, or self-employed work.	Employer's name	D French Design Construction, LL						
	Occupation may include studen or homemaker, if it applies.	t Employer's address	1879 McFarland Alpharetta, GA 3		ay				
		How long employed t	here? 4 month	ns					
Par	t 2: Give Details About M	lonthly income							
spou	mate monthly income as of the ise unless you are separated. u or your non-filing spouse have	more than one employer, c							
more	e space, attach a separate sheet	to this form.					MRNYYANIAN YAYLAIYANAANININ AN INTINO		
					For	Debtor 1	For Debtor non-filing		
2.	List monthly gross wages, sa deductions). If not paid monthly	alary, and commissions (but it is a calculate what the month	pefore all payroll nly wage would be.	2.	\$	3,800.00	\$	0.00	
3.	Estimate and list monthly over	ertime pay.		3.	+\$	0.00	+\$	0.00	
4.	Calculate gross Income. Add	line 2 + line 3.		4.	\$	3,800.00	\$	0.00	

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Debtor Debtor		Jon Douglas Fiant Melanie Diane Fiant		Cas	e number (if known)	15	-69000-cm	m	
Ć	Сор	y line 4 here	<b>4</b> .	Fc \$	3,800.00		or Debtor 2 on-filing sp		
5. I	_ist	all payroll deductions:							
ŧ	āa. āb. āc. ād. āe.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance	5a. 5b. 5c. 5d. 5e.	\$ \$ \$ \$	0.00 0.00 0.00 0.00 0.00	\$ \$ \$ \$		0.00 0.00 0.00 0.00	
:	5f. 5g. 5h.	Domestic support obligations Union dues Other deductions. Specify:	5f. 5g. 5h.+	\$ \$ \$	0.00 0.00 0.00	\$ \$ + \$		0.00 0.00 0.00	
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$	0.00	\$	i	0.00	
7. (	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$	3,800.00	\$	<u> </u>	0.00	•
	List 8a.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	5	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	\$		0.00	
,	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00		<b>.</b>	0.00	
	8d.		8d. 8e.	\$ \$	0.00		5 5	0.00	
	8e. 8f.	Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income		\$	0.00		\$ \$	0.00	
	8g. 8h.		8h	۰ \$	0.00		\$	0.00	
		d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	 9. 	\$_	0.00	[	\$	0.00	
		culate monthly income. Add line 7 + line 9. d the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.		3,800.00 + \$		0.00	= \$	3,800.00
	Inc oth Do	te all other regular contributions to the expenses that you list in Schedule lude contributions from an unmarried partner, members of your household, you er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no ecify:	ır depe					e J. +\$	0.00
12.	W٢	d the amount in the last column of line 10 to the amount in line 11. The relite that amount on the Summary of Schedules and Statistical Summary of Certolies	esult is ain Lia	the bilitie	combined monthly es and Related <i>De</i>	inc ta, i	ome. if it 12.	\$	3,800.00
13.	Do	you expect an increase or decrease within the year after you file this form	π?					Combi monthl	ned y income
		Yes. Explain:							

Schedule I: Your Income

				<u></u>				
Fill in	n this informatio	n to identify you	ir case:					
Debto	or1 j	lon Douglas	Fiant			Che	ck if this is:	
							An amended filing	
Debte		delanie <u>Dian</u> e	e Fiant				A supplement show 13 expenses as of	wing post-petition chapter the following date:
(Spot	use, if filing)						•	
Unite	d States Bankrupi	tcy Court for the:	NORTH	ERN DISTRICT OF GEOR	:GIA		MM / DD / YYYY	
Case (If kn		99000-crm					A separate filing fo 2 maintains a sepa	r Debtor 2 because Debto arate household
— Of	ficial For	m B 6J						
Sc	hedule	l· Your F	xpen	ses				12/1:
Be a	ac complete an	nd accurate as re space is ne	possible. eded, atta	If two married people ar ich another sheet to this	e filing together, both form. On the top of a	n are ed ny addi	ually responsible t tional pages, write	for supplying correct your name and case
Part 1.	1: Describ	e Your House case?	hold					
••	□ No. Go to ii							
			n a separ	ate household?				
	_	Debtor 2 iivo i	n a copa					
	■ No □ Yes	s. Debtor 2 mus	st file a sep	parate Schedule J.				
2.	Do you have	dependents?	□No				•	
	Do not list Del and Debtor 2.	otor 1	Yes.	Fill out this information for each dependent	Dependent's relations Debtor 1 or Debtor 2	ship to	Dependent's age	Does dependent live with you?
	Do not state th	he						□No
	dependents' n				Son		15	Yes
								□ No
								_
								□ No
•								_ □ Yes □ No
								⊔ No □ Yes
_	_			_			<del></del>	_ Li tes
3.		enses include people other t	han 📱	l No				
	vourself and	your depende	nts?	Yes				•
	-							•
Est	Carada irain are	te Your Ongoi penses as of your date after the	our banki	my Expenses  uptcy filing date unless y  cy is filed. If this is a sup	ou are using this for plemental Schedule J	m as a I, checl	supplement in a C the box at the top	hapter 13 case to report of the form and fill in the
the	lude expenses value of such fficial Form 6l.)	assistance an	non-cash id have in	government assistance cluded it on <i>Schedule I</i> :	if you know Your Income		especialistical your ex	penses
4.	The rental or payments and	r home owners d any rent for th	ship expe ne ground	nses for your residence. or lot.	include first mortgage	4.	\$	1,097.00
	If not include	ed in line 4:						
	4a. Real es	state taxes		•		4a.	\$	0.00
		ty, homeowner	s, or rente	er's insurance		4b.	\$	0.00
				upkeep expenses		4c.		0.00
	4d. Homed	owner's associa	ition or co	ndominium dues		4d.		0.00
5.	Additional m	ortgage paym	ents for y	our residence, such as h	ome equity loans	5.	\$	127.00

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elanie Diane Fiant  ectricity, heat, natural gas later, sewer, garbage collection elephone, cell phone, Internet, satellite, and cable services ther. Specify: and housekeeping supplies are and children's education costs g, laundry, and dry cleaning al care products and services and dental expenses ortation. Include gas, maintenance, bus or train fare. include car payments. inment, clubs, recreation, newspapers, magazines, and books	6a. 6b. 6c. 6d. 7. 8. 9. 10.	\$ \$ \$ \$	200.00 60.00 200.00 0.00 400.00
ectricity, heat, natural gas later, sewer, garbage collection elephone, cell phone, Internet, satellite, and cable services ther. Specify: Ind housekeeping supplies Ire and children's education costs Ig, laundry, and dry cleaning Id care products and services If and dental expenses Internation. Include gas, maintenance, bus or train fare. Include car payments. Inment, clubs, recreation, newspapers, magazines, and books	6b. 6c. 6d. 7. 8. 9.	\$ \$ \$ \$	60.00 200.00 0.00 400.00
later, sewer, garbage collection elephone, cell phone, Internet, satellite, and cable services ther. Specify: Ind housekeeping supplies Ire and children's education costs Ig, laundry, and dry cleaning Id care products and services If and dental expenses Internation. Include gas, maintenance, bus or train fare. Include car payments. Inment, clubs, recreation, newspapers, magazines, and books	6b. 6c. 6d. 7. 8. 9.	\$ \$ \$ \$	60.00 200.00 0.00 400.00
elephone, cell phone, Internet, satellite, and cable services ther. Specify: Ind housekeeping supplies tre and children's education costs g, laundry, and dry cleaning al care products and services and dental expenses tortation. Include gas, maintenance, bus or train fare. Include car payments. Inment, clubs, recreation, newspapers, magazines, and books	6c. 6d. 7. 8. 9.	\$ \$ \$ \$	200.00 0.00 400.00
ther. Specify:  Ind housekeeping supplies  Ire and children's education costs  Ig, laundry, and dry cleaning  Id care products and services  If and dental expenses  In the correction of the co	6d. 7. 8. 9.	\$ \$ \$	0.00 400.00
nd housekeeping supplies re and children's education costs g, laundry, and dry cleaning al care products and services and dental expenses portation. Include gas, maintenance, bus or train fare nclude car payments. inment, clubs, recreation, newspapers, magazines, and books	7. 8. 9. 10.	\$ \$ \$	400.00
re and children's education costs g, laundry, and dry cleaning al care products and services l and dental expenses ortation. Include gas, maintenance, bus or train fare. nclude car payments. inment, clubs, recreation, newspapers, magazines, and books	8. 9. 10.	\$ \$	
re and children's education costs g, laundry, and dry cleaning al care products and services l and dental expenses ortation. Include gas, maintenance, bus or train fare. nclude car payments. inment, clubs, recreation, newspapers, magazines, and books	9. 10.	\$	0.00
g, laundry, and dry cleaning al care products and services l and dental expenses ortation. Include gas, maintenance, bus or train fare. nclude car payments. inment, clubs, recreation, newspapers, magazines, and books	10.		
al care products and services I and dental expenses ortation. Include gas, maintenance, bus or train fare. nclude car payments. inment, clubs, recreation, newspapers, magazines, and books			50.00
l and dental expenses ortation. Include gas, maintenance, bus or train fare. nclude car payments. inment, clubs, recreation, newspapers, magazines, and books	11.		50.00
ortation. Include gas, maintenance, bus or train fare. nclude car payments. inment, clubs, recreation, newspapers, magazines, and books		\$	50.00
nclude car payments. inment, clubs, recreation, newspapers, magazines, and books	40	¢	291.00
inment, clubs, recreation, newspapers, magazines, and books	12.		
	13.		0.00
ble contributions and religious donations	14.	\$	0.00_
nra			
include insurance deducted from your pay or included in lines 4 or 20.			0.00
ife insurance	15a.		0.00
lealth insurance			0.00
/ehicle insurance			200.00
Other insurance. Specify:	15d.	\$	0.00
Do not include taxes deducted from your pay or included in lines 4 or 20.		_	202.00
	16.	\$	300.00
		_	0.00
Car payments for Vehicle 1		·	0.00
Car payments for Vehicle 2			0.00
Other, Specify:			0.00
Other Specify:		\$	0.00
ayments of alimony, maintenance, and support that you did not report a	is 10	d•	0.00
ted from your pay on line 5. Schedule I. Your Income (Οπιςίαι Form 6).	10.	·	
payments you make to support others who do not live with you.		·	0.00
real property expenses not included in lines 4 or 5 of this form or on Sc	hedule I: Y	our income.	0.00
Mortgages on other property	ZUa.	Ψ	0.00
Real estate taxes			0.00
Property, homeowner's, or renter's insurance			0.00
Maintenance, repair, and upkeep expenses			
Homeowner's association or condominium dues			0.00
: Specify:	21.		0.00
	22	l s	3,025.00
nonthly expenses. Add lines 4 through 21.		·     •   —	
sult is your monthly expenses.			
late your monthly net income.	23a	s	3,800.00
Copy line 12 (your combined monthly income) from Schedule I.			3,025,00
Copy your monthly expenses from line 22 above.	200		
monthly income			
Subtract your monthly expenses from your monthly moone.	230	.   \$	775.00
	leafth insurance Sehicle insurance Sehicle insurance. Specify:  Do not include taxes deducted from your pay or included in lines 4 or 20.  S/E Tax  Inent or lease payments:  Car payments for Vehicle 1  Car payments for Vehicle 2  Other. Specify:  Dether. Specify:  Sayments of alimony, maintenance, and support that you did not report a sed from your pay on line 5, Schedule I, Your Income (Official Form 6I).  Seapyments you make to support others who do not live with you.  Seal property expenses not included in lines 4 or 5 of this form or on Schedule state taxes  Property, homeowner's, or renter's insurance Maintenance, repair, and upkeep expenses Homeowner's association or condominium dues  Specify:  Inonthly expenses. Add lines 4 through 21.  Sult is your monthly expenses.  Sult is your monthly expenses.  Copy line 12 (your combined monthly income) from Schedule 1.  Copy your monthly expenses from line 22 above.  Subtract your monthly expenses from your monthly income.  The result is your monthly net income.	lealth insurance fehicle insurance fehicle insurance fehicle insurance. Specify: 15d.  Do not include taxes deducted from your pay or included in lines 4 or 20.  S/E Tax 16a.  Inent or lease payments: 17a.  Car payments for Vehicle 1 17b.  Car payments for Vehicle 2 17b.  Cher. Specify: 17c.  Other. Specify: 17d.  ayments of alimony, maintenance, and support that you did not report as lead from your pay on line 5, Schedule I, Your income (Official Form 6l).  Payments you make to support others who do not live with you.  Freal property expenses not included in lines 4 or 5 of this form or on Schedule I: Your income (20c.  Payments taxes 20b.  Property, homeowner's, or renter's insurance 20c.  Maintenance, repair, and upkeep expenses 20d.  Homeowner's association or condominium dues 20e.  Specify: 21  monthly expenses. Add lines 4 through 21.  sult is your monthly net income.  Copy line 12 (your combined monthly income) from Schedule 1.  23a  Copy your monthly expenses from line 22 above. 23b  Subtract your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.  The result is your monthly expenses from your monthly income.	lealth insurance   15b. \$   Sehicle insurance   15c. \$   Sehicle insurance   16c. \$   Sehicle insurance   16c. \$   Sehicle insurance   17c. \$   Sehicle insurance

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B6 Summary (Official Form 6 - Summary) (12/14)

### United States Bankruptcy Court Northern District of Georgia

In re	Jon Douglas Fiant,		Case No15-6900	
	Melanie Diane Fiant	Debtors	Chapter	13

## SUMMARY OF SCHEDULES - AMENDED

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NO. OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	150,080.00		142 - 123 - 124 -
B - Personal Property	Yes	3	39,690.00		
C - Property Claimed as Exempt	Yes	1			Transport of the property of t
D - Creditors Holding Secured Claims	Yes	2		153,440.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	5		15,881.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1		Secretary of the second of the	
I - Current Income of Individual Debtor(s)	Yes	2			3,800.00
J - Current Expenditures of Individual Debtor(s)	Yes	2			3,025.00
Total Number of Sheets of ALL Scheo	lules	19			
		Total Assets	189,770.00		
			Total Liabilities	169,321.00	

B 6 Summary (Official Form 6 - Summary) (12/14)

In

### United States Bankruptcy Court Northern District of Georgia

re	Jon Douglas Fiant,		Case No	15-69000 <u>-crm</u>	<del></del>	
_	Melanie Diane Fiant	D-14	Chapter		13	
		Debtors	Chapter			

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159. Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	0.00
Student Loan Obligations (from Schedule F)	0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	0.00
TOTAL	0.00

#### State the following:

State the following.	
Average Income (from Schedule I, Line 12)	3,800.00
Average Expenses (from Schedule J, Line 22)	3,025.00
Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14)	3,113.00

#### State the following:

Total from Schedule D, "UNSECURED PORTION, IF ANY" column		3,449.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column	0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		0.00
4. Total from Schedule F		15,881.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		19,330.00

### **AFFIDAVIT**

The undersigned hereby declares under penalty of perjury, that the statements made in the foregoing are true and correct to the best of their information, knowledge and belief.

This 8th day of March, 2016

/s/ JON DOUGLAS FIANT

/s/ MELANIE DIANE FLANT

#### CERTIFICATE OF SERVICE

This is to certify that I have this day served a copy of the foregoing Amendment to Schedule I, Schedule J, Summary of Schedules, and Statistical Summary of Certain Liabilities on the following by U. S. Mail, in a properly stamped and addressed envelope.

Nancy Whaley Chapter 13 Trustee SunTrust Plaza Garden Offices Suite 120 303 Peachtree Center Ave. Atlanta, GA 30303

Jon & Melanie Fiant 1829 Tree Top Ct. Marietta, GA 30062

All creditors on attached list.

This 8th day of March, 2016.

lawoffice@kellycanhelp.com

/s/ BRIAN DEITZ
LAW OFFICE OF JEFFREY B. KELLY, P.C. ATTORNEY FOR DEBTOR(S)
GEORGIA BAR NO. 818416
107 E. 5<sup>th</sup> Avenue
Rome, GA 30161
(678) 861-1127 (Phone)
(706) 413-1365 (Fax)

Allied Collection Svcs 8550 Balboa Blvd Ste 232 Northridge, CA 91325

Capital One Bank P. O. Box 70884 Charlotte, NC 28272-0884

Cbna Po Box 6189 Sioux Falls, SD 57117

Cbna Po Box 6497 Sioux Falls, SD 57117

Central Finl Control Po Box 66044 Anaheim, CA 92816

Citicorp Trust Bank Po Box 9438 Gaithersburg, MD 20898

Citimortgage Inc Po Box 9438 Gaithersburg, MD 20898

Cobb County State Court 12 East Park Square Marietta, GA 30090

Comenitycapital/Gmstop Po Box 182120 Columbus, OH 43218

Dennis Henry 2253 NW Parkway SE Marietta, GA 30067

Durham & Durham LLP 5665 New Northside Drive Suite 510 Atlanta, GA 30328 Frederick Hanna & Associates 2253 Northwest Parkway Marietta, GA 30067

Frost Arnett Collections PO Box 198988 Nashville, TN 37219

Jc&Assoc 1155 Hammond Drive Suite 5230-E Atlanta, GA 30328

Julian Financial 4744 Balmoral Way Marietta, GA 30068

Northland Group PO Box 390846 Mail code CPT1 Minneapolis, MN 55439

Ocwen Loan 3451 Hammond Ave Waterloo, IA 50702

Patients Accounts Bureau PO Box 279 Norcross, GA 30091

Quantum Radiology P.C. P.O. Box 3157 Indianapolis, IN 46206

RevMD P.O. Box 3427 Oak Brook, IL 60522-3427

Ron Zaken 200 Upper Alabama Street Atlanta, GA 30303

Santander Bank Na 865 Brook St Rocky Hill, CT 06067 Specialized Loan Servi 8742 Lucent Blvd Ste 300 Highlands Ranch, CO 80129

Stallings Fin Group 1111 S Marietta Pkwy Se Marietta, GA 30060

State Court of Cobb County State Court Building 12 East Park Square Marietta, GA 30090-9630

The Bortolazzo Group PO Box 277234 Atlanta, GA 30384

Wells Fargo Dealer Services Po Box 1697 Winterville, NC 28590

West Asset Management 2703 N Highway 75 Sherman, TX 75090